

IN THE DISTRICT COURT OF THE FIRST CIRCUIT _____ DIVISION STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Defendant(s)	
Name and Address of Witness:	Date & Time:
	Location To Appear:
<div style="text-align: center;"><input type="checkbox"/> SUBPOENA OR <input type="checkbox"/> SUBPOENA DUCES TECUM</div> <p>THE STATE OF HAWAI‘I TO ANY OFFICER AUTHORIZED BY LAW TO SERVE SUBPOENAS IN THE STATE OF HAWAI‘I YOU ARE COMMANDED to subpoena the individual named above. This subpoena/subpoena duces tecum shall not be personally delivered between 10:00 p.m. and 6:00 a.m. on premises not open to the public, unless a judge of the above-entitled Court permits, in writing on this subpoena/subpoena duces tecum, personal delivery during those hours.</p>	
<div style="text-align: center;">TO THE WITNESS</div> <p>YOU ARE COMMANDED to appear at the time and place indicated to testify as a witness on behalf of the <input type="checkbox"/> PLAINTIFF(S) <input type="checkbox"/> DEFENDANT(S)</p> <p>who shall be responsible to provide you with a fee for attendance and mileage allowed by law.</p> <p><input type="checkbox"/> You are further ordered to bring with you the items listed in Exhibit A. <input type="checkbox"/> You are required to designate a representative of your organization to testify for the organization on the following matters: DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHED AS CONTEMPT BY THIS COURT.</p>	
Date:	Clerk of the above-entitled Court
In accordance with the Americans with Disabilities Act if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">SUBPOENA.X (Amended 4/18/97)v</div><div style="width: 50%; text-align: center;"><p>I certify this is a full, true, and correct copy of the original on file in this office.</p> <p>_____ Clerk, District Court of the above Circuit, State of Hawai‘i</p></div></div>	